PART B - FEE(S) TRANSMITTAL

send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Complete and Commissioner for Patents NOV 1 9 2007 P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications Note: A certificate of mailing can only be used for domestic mailings of the CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 08/16/2007 51294 7590 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. HOLLINGSWORTH & FUNK, LLC 8009 34TH AVE S. SUITE 125 MINNEAPOLIS, MN 55425 (Depositor's name 11/20/2007 EAYALEW2 00000017 503581 (Signature) 300.00 DA 01 FC:1504 (Date) APPLICATION NO. ATTORNEY DOCKET NO FILING DATE FIRST NAMED INVENTOR CONFIRMATION NO 10/802,001 03/16/2004 GUID.004C1 3322 TITLE OF INVENTION: CARDIAC RHYTHM TEMPLATE GENERATION SYSTEM AND METHOD APPLN, TYPE SMALL ENTITY **ISSUE FEE DUE** PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 11/16/2007 **EXAMINER** ART UNIT **CLASS-SUBCLASS EVANISKO, GEORGE ROBERT** 600-510000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a HOLLINGSWORTH & FUNK, LL "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Cardiac Pacemakers, Inc. St. Paul, MN Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🚨 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50 - 3581 ((rejugn exportable form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2) NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Clara Davis

Authorized Signature

Typed or printed name

Registration No. 50,495

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

KIM et al.

Examiner:

Evanisko, G.

Sérial No.:

10/802,001

Group Art Unit:

3762

Filed:

March 16, 2004

Docket No.:

GUID.004C1

(04-203)

Allowed:

August 16, 2007

Confirmation No.:

3322

Title:

CARDIAC RHYTHM TEMPLATE GENERATION SYSTEM AND

METHOD

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this communication is being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 16, 2007.

MAIL STOP ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

Transmittal Sheet

Please charge Deposit Account No. 50-3581 (GUID.004C1) the amount of \$1,740.00

(\$1440.00 for the Issue Fee and \$300.00 for the Publication Fee).

Part B-Issue Fee Transmittal.

1 Return Postcard.

If appropriate, charge Deposit Account No. 50-3581 (GUID.004C1) for any fee deficiency or overage.

HOLLINGSWORTH & FUNK, LLC

Attorneys at Law 8009 34th Avenue South, Suite 125 Minneapolis, MN 55425 952.854.2700 (tel.) · 952.854.2722 (fax)

Name: Clara Davis Reg. No.: 50,495